TF	RAI	NSMITTA	Docket No. 17044									
In Re Application Of: Hirokazu Nishimura et al.												
Application No.			Filing Date	Examiner	Customer No.	Group Art Unit	Confirmation No.					
10/667,865		67,865	September 22, 2003	Unassigned	23389	3762	1153					
Title:		DIAGNOST	TIC SUPPORT APPA	RATUS								
Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450												
				37 CFR 1.97(b)								
1.	X	The Information Disclosure Statement submitted herewith is being filed within three months of the filing of a national application other than a continued prosecution application under 37 CFR 1.53(d); within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; before the mailing of a first Office Action on the merits, or before the mailing of a first Office Action after the filing of a request for continued examination under 37 CFR 1.114.										
	37 CFR 1.97(c)											
2.		The Information Disclosure Statement submitted herewith is being filed after the period specified in 37 CFR 1.97(b), provided that the Information Disclosure Statement is filed before the mailing date of a Final Action under 37 CFR 1.113, a Notice of Allowance under 37 CFR 1.311, or an Action that otherwise closes prosecution in the application, and is accompanied by one of:										
		☐ the	statement specified i	n 37 CFR 1.97(e);								
OR												
		☐ the	fee set forth in 37 CF	FR 1.17(p).								

TRANSMITTA	Docket No. 17044											
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10/667,865	September 22, 2003	Unassigned		23389	3762	1153						
Title: DIAGNOSTIC SUPPORT APPARATUS												
Payment of Fee (Only complete if Applicant elects to pay the fee set forth in 37 CFR 1.17(p)) ☐ A check in the amount of is attached. ☐ The Director is hereby authorized to charge and credit Deposit Account No. 19-1013/SSMP as described below. ☐ Charge the amount of ☐ Credit any overpayment. ☐ Charge any additional fee required. ☐ Payment by credit card. Form PTO-2038 is attached.												
included o Certific I certify that this account is bein	: Information on this in this form. Provident this form. Provident attention of the document and authorization for facsimile transmitted in the factorial formation of the factorial facto	e credit card inform y Facsimile* tion to charge deposit	Certificate of Mailing by First Class Mail I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA									
(Date)	Signature		22313-145	50" [37 ČFR 1.8(a)] (Date)	rson Mailing Correspondence							
Typed or I	Printed Name of Person Sig	ning Certificate	Тур	ed or Printed Name	of Person Mailing C	ertificate						
Thomas Spinelli Reg. No. 39,533	Signature MURPHY & PRESS aza, Ste. 300		Dated:	November 1, 20	007							
cc:												